



QUICK UPDATES

August 2002

Many, many thanks to all who contributed to this issue . . . a tremendous effort! There are 14 Quick Updates!!

1. The Mock Survey – The Clinical Center participated in a JCAHO Mock Survey July 9 – 11. You did a great job and we wanted you to know!! A team of independent surveyors interviewed patient care teams and support services, reviewed our patients' medical records, and inspected our hospital. The surveyors were complimentary of your willingness to discuss your roles in providing quality and safe patient care. The surveyors remarked that the CC appears more ready for a formal survey than in years past . . . kudos to all for this tremendous effort. As was the primary objective, the surveyors highlighted areas that will require our focused attention in the next 15 months. The areas are:

- Pain Management
- Interdisciplinary Care Planning
- PI /Patient Safety Program
- Emergency Management Program
- Management of Human Resources and Staffing Effectiveness

We have lots of work ahead of us but are confident that together we can demonstrate to the public our commitment to provide safe and quality health care. Be on the lookout for a monthly newsletter, Clinical Gems for important JCAHO information. Great job, everyone!!!!!!!!!!!!!!!!!!!!

2. Cyclosporine and Tacrolimus Trough Levels – Did you know these 2 drugs have a propensity for adhering to IV tubing and VAD catheter material?? If appropriate interventions are not put in place, it is possible that your patient will not receive the prescribed dose of drug and it is possible that any troughs drawn from a contaminated line might return with a falsely high value. We are working to communicate this information when MI S orders for the drug and drug levels are generated. For now though, we want you to know these 5 points:

- Infuse Cyclosporine and Tacrolimus using Low-Sorbing Administration Set
- Infuse Cyclosporine and Tacrolimus only through a drug-labeled lumen
- Do not draw drug trough levels from a lumen previously exposed to either Cyclosporine or Tacrolimus
- Cyclosporine is usually given as a short infusion (e.g. 2- or 12-hour infusion). Trough drug levels should be drawn just prior to the giving of the next scheduled dose.

Tacrolimus is usually given by continuous infusion. Drug levels can be drawn anytime as long as they are drawn from a lumen not previously exposed to Tacrolimus.

3. Mailed-in Specimens – The Department of Laboratory Medicine (DLM) needs your help, particularly from those of you who work in outpatient clinics and with our Institutes. If you send a human whole blood or serum sample to the DLM for routine laboratory testing and you know the specimen has not been “freshly” drawn in the last 2 hours or has been mailed in from an outside source, please communicate this information on the transmittal sheet or as a comment in the MI S order. This will help the DLM staff evaluate the validity of test results. This is why . . .

On occasion, DLM receives a human whole blood or serum specimen from an NIH lab accompanied by a transmittal for routine laboratory testing, e.g., chemistries. If the specimen has not been preserved, i.e., placed on ice or spun down, the validity of test results cannot be guaranteed. DLM staff always assumes a received specimen has been freshly drawn in the last 2 hours at the CC unless told otherwise and the specimen is treated as such. When improperly preserved specimens are evaluated, many of the results appear to be “alert values” that require reporting to a medically responsible person. If the DLM staff knew in advance that the specimen was mailed to the CC or was not freshly drawn in the last 2 hours, DLM would know the critical alert values were probably incorrect. This would spare them the task of reporting “alert values.”

Here's where you can help! All human whole blood and serum specimens that have been “mailed in” or have NOT been “freshly” drawn in the last 2 hours, please communicate on the MI S transmittal the date/time the specimen was drawn and if known, how the specimen was preserved and received.

4. DLM Web Site – Have you ever received a medical order for an obscure specimen collection (Urine Aldosterone comes to mind) and not sure what to do? Take a look at the DLM web site (<http://www.cc.nih.gov/cp/>) for information about collection containers, preservatives, volumes, etc. Did you know you can even see a picture of the required tubes and containers by accessing this site? Take a minute and explore the site.

5. Whole Blood Tests – Have you ever been in a clinical situation when you wanted test results in 15 minutes instead of 1 or 2 hours?? The DLM Chemistry Service offers just such a service!! In 15 minutes, DLM can provide you with the following STAT whole blood test results:

- Blood Gases (pCO₂, pO₂, pH, cooximetry)
- Electrolytes (Na⁺, K⁺, Cl⁻, iCa, iMg)
- Others (glucose, lactate and total hemoglobin)

This is how it works:

- Enter STAT order into MIS for the requested test
- Draw the whole blood sample into a pre-labeled capped heparinized syringe with no air bubbles. 1 mL is all that is needed for adults; ½ mL is all that is needed for peds. AND, it can't be any heparinized syringe (**AN IMPORTANT POINT**). CHS stocks the appropriate syringe (Syringe, ABG . . . CHS #02322 or #02323).
- Except for lactate test, samples can be sent at room temperature or on ice. Lactate must be sent on ice!
- The specimen must be sent to DLM within 15 minutes of collection by Messenger/Escort or tube system in a STAT Specimen bag. **Please contact Messenger/Escort by phone for STAT specimen pick-up.**
- Results will be available in MIS in 15 minutes!!

6. Wasting Morphine in PYXIS . . . A Pilot Update - You can now document waste of a morphine bag removed from PYXIS up to 36 hours after removal. However, you should document this waste as soon as practicable after the bag has been removed from the patient. Take the following steps to document any controlled substance infusion waste removed from PYXIS AND for any patient transferred from another nursing unit with a controlled substance infusion bag that originated from another PYXIS station:

- Choose 'Waste' button.
- Select a Patient.
- Choose 'All Meds' button.
- Select the patient's infusion medication
- Choose 'Waste Now' button.
- Enter amount given or amount wasted
- Witness entry required

If you have questions about this procedure, please contact Barry Goldspiel (6-5869) or Jae Kim (6-1890).

7. Drug-filled syringes – We know you are moving fast and furious!! For your patients' safety and for peace of mind, please always remember to label your drug-filled syringes (heparin, saline, steroids, etc.) with your patient's name, date, and the name of the drug. We know it is an extra step in an already busy day, but we want to remind you of steps you can take to prevent errors in drug administration.

8. Transferring a Patient to the OR – did you know that you are no longer required to accompany a pre-op patient to the Operating Room? Nursing changed its Standard of Practice at the suggestion of the Operating Room staff. If your patient is clinically stable and transportation can be accomplished by the OR tech, the RN is no longer required to accompany the patient to the OR. If however, the OR Tech requests assistance or the patient requires monitoring, RN will accompany the patient down. The OR staff ask only that you remember to do 3 things:

- Transfer your patient in MIS
- Be sure the OR Checklist has been completed
- Call the OR staff if you have any questions about anything

We hope this change helps you. If you would like additional information or inservicing, Steve Balog, RN (2-0059) would enjoy hearing from you.

9. Complete or Discontinue a medical order . . . what does it mean??? Have you ever wondered if you should “complete” or “discontinue” a medical order? Maybe these definitions will help you decide.

- **COMPLETE** an order when the intent of the order has been fulfilled. For example, a patient has an order for vital signs q4 hrs X4. After the fourth measurement, nursing can and should COMPLETE the order. The “complete” function does not require the name of an authorizing physician. In order to keep your Medical Care Plan current and up-to-date, please consider complete the following types of orders when the intent of the order has been fulfilled: nutrition, nutrition instructions to nursing, medications, IVs including TPN, plasmapheresis, vital signs, rest, activity, safety, procedures, unit tests, blood, transfer, miscellaneous orders.
- **DISCONTINUE or D/C** when the activity on the original order should stop. Either the order is not to be carried out, e.g., physician decides that the patient should not have the CT scan that was previously ordered or, an order with multiple occurrences is to stop prior to its being carried out to completion, e.g., a medication ordered to be given daily with no termination time must be stopped mid-course. The process of “discontinuing” an order requires an authorized prescriber’s order. The name of the authoring physician is documented with the order.

10. A Busy Signal on a CC phone may indicate a malfunctioning phone line – Did you know that when you call someone on the NIH campus that you should NEVER hear a “busy” signal? If you have called someone on the NIH campus and received a busy signal, you have likely reached a phone line that needs to be repaired. Please call 611 to report this problem.

11. NEW Anaphylaxis Treatment Medication Distribution Sytem – Removal of all Jiffy Bags from all patient care units and treatment rooms began on August 19. All references to Jiffy Bags have been removed from MIS and our Standards of Practice and Procedures. Anaphylaxis Treatment Medications (diphenhydramine, epinephrine, & hydrocortisone) will be kept in an easily identifiable red storage bin located in a secured medication or treatment room. On 10D and 2J ONLY, these medications will be kept in the PYXIS Medstation. Here’s what you need to know:

- You should check the availability of anaphylaxis treatment medications BEFORE proceeding with the administration of a medication likely to cause anaphylaxis. Some of these medications are identified in the nursing’s SOPs, in protocols, and in protocol order sets.
- As you always do, check the expiration date of the drugs prior to administration and replace expired products using the MIS Reorder Pathway. Select PHAR/FLSK, then ANAPHYLAXIS TREATMENT MEDICATIONS.
- As with any medication, a medical order stating the drug, dose, route, frequency, and duration of therapy is needed before these medications can be administered to a patient.
- If you remove an anaphylaxis treatment medication from the storage bin and don’t use it, please remember to return it to the storage bin promptly. This will help ensure that these medications are not left in unsecured places throughout the patient care units.
- Pharmacy will check the expiration date as part of their monthly unit inspection process

If you have any questions about this new distribution system, please contact Barry Goldpiel (6-5869) or Bona Benjamin (2-7064).

12. Do ya’ need to contact the Nutrition Department after-hours? If you have a food service problem, you can contact the following people:

- A Food Service Supervisor is in the kitchen until 8 p.m. @ 6-1329. You can call this person if your patient is missing food items from their tray.
- Diet technicians are available from 6 a.m. – 7 p.m. @ 6-2390. Diet Techs assist patients who are special diets with their menu selections. They also handle Nutrition Room Service questions.
- The on-call Clinical Dietitian is available by pager from 7 a.m. – 7 p.m. daily . . . call the page operator if you need a page number. The clinical dietitian will be able to help you with questions about your patient’s nutrition and current clinical status.
- In an urgent situation (for example, a baby is admitted after 8 p.m. and the parents didn’t pack baby food), contact the Clinical Dietitian by way of the Page Operator.

13. Clinical Gems – If you attended the June Nursing Practice Council meeting, you probably had a chance to play **Clinical Gems** (formerly known as JCAHO Jeopardy . . . a 13E game created as an spin off of the popular television game show, Jeopardy). While you can't win \$\$\$thousands\$\$\$ of dollars with our version of the game, it is a fun way to test your knowledge of clinical practice standards. Thanks to Cheryl Fisher, Clinical Gems is now available to play on-line. Answers and Questions will be updated every 2 months. Give it a try . . . you've got nothing to lose!!
<http://intranet.cc.nih.gov/nursing/whatsnew/clinicalgemshome.htm>.

14. Performance Measurement . . . How does the Clinical Center measure up? We are always looking for opportunities to improve the Clinical Center's performance. We strive to provide safe and high quality care to our patients in a safe environment. We also know that everyday provides an opportunity to improve our services. The Clinical Center Occurrence Reporting System (ORS) provides a confidential and non-punitive way to communicate and collect information about just such opportunities. Here's what you can do to help.

- Managers, be sure all employees have been trained in and have access to ORS. If anyone needs training, please call Mary Sparks (4-1384).
- Enter any and all events/occurrences that appears inconsistent with routine or safe clinical practice related to your patients, visitors, staff, the environment, and equipment. Below are examples that you might consider reporting. All information received is treated in a confidential manner. We have a team who explores each event to determine how we might improve the quality of our patient care and the safety of our environment and equipment. Maybe you have been a member of this team? Here are a few examples of how **YOUR FEEDBACK** (via ORS) has been used to improve our work and work environment:
- The original "protected butterfly" was replaced by another vendor when the product was found defective based on your concerns.
- Instead of having 2 types of oxygen flow meters, we now have one. Great improvement for patient safety.
- Atrovent and Albuterol product labels no longer look alike.
- The Clinical Center has switch to a lighter weight aluminum oxygen tank based on your feedback
- We now have a secure process for disposing of and containing documents that need to be shredded.
- LOTS MORE . . . there is a lot of good work going on out there! Keep up the reporting! We want to measure up to your high standards!

MEDICATION

- ❑ WRONG PATIENT
- ❑ WRONG DRUG
- ❑ WRONG DOSE
- ❑ WRONG ROUTE
- ❑ WRONG TIME

TREATMENT

- ❑ IV BAG NOT LABELED/EXPIRED
- ❑ IV TUBING NOT LABELED/EXPIRED
- ❑ DRESSING CHANGE NOT DONE

COMPLICATIONS

- ❑ INFILTRATION
- ❑ INFECTION
- ❑ OBSTRUCTION

SAFETY

ALLERGIES

- ❑ NO ALLERGY LABEL ON CHART
- ❑ NO ALLERGY BAND ON PATIENT

NAME BANDS

- ❑ NO NAME BAND ON PATIENT
- ❑ NAME BAND ILLEGIBLE

Other Safety Items

- ❑ MEDICAL RECORD NOT AVAILABLE
- ❑ RESTRAINT EPISODES
- ❑ FALLS

COLLECTING SPECIMENS

- ❑ TUBE INCORRECTLY LABELED
- ❑ SPECIMEN IN INCORRECT TUBE
- ❑ COAG SPECIMEN DEEMED QUANTITY NOT SUFFICIENT
- ❑ SPECIMEN WITH NO LABEL
- ❑ NO TRANSMITTAL SHEET